

| POSITION                         | INITIALS   | ID NO. | DATE              |
|----------------------------------|------------|--------|-------------------|
| <b>FEE DETERMINATION</b>         |            |        | 1/29/00           |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>Max</i> | 32     | 2/1/00            |
| <b>FORMALITY REVIEW</b>          |            |        |                   |
| <b>RESPONSE FORMALITY REVIEW</b> | Dm         | 72223  | 3-6-00<br>5-17-00 |

**BEST AVAILABLE COPY****INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓✓✓✓ |
| 2     | ✓     | ✓        | ✓✓✓✓ |
| 3     | ✓     | ✓        | ✓✓✓✓ |
| 4     | ✓     | ✓        | ✓✓✓✓ |
| 5     | ✓     | ✓        | ✓✓✓✓ |
| 6     | 0     | 0        | 000  |
| 7     | 0     | 0        | 000  |
| 8     | ✓     | ✓        | ✓✓✓✓ |
| 9     | ✓     | ✓        | ✓✓✓✓ |
| 10    | ✓     | ✓        | ✓✓✓✓ |
| 11    | ✓     | ✓        | ✓✓✓✓ |
| 12    | ✓     | ✓        | ✓✓✓✓ |
| 13    | ✓     | ✓        | ✓✓✓✓ |
| 14    | ✓     | ✓        | ✓✓✓✓ |
| 15    | -     | ✓        | ✓✓✓✓ |
| 16    | ✓     | ✓        | ✓✓✓✓ |
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| 18    | ✓     | ✓        | ✓✓✓✓ |
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| 21    | 0     | 0        | 000  |
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| 23    | ✓     | ✓        | ✓✓✓✓ |
| 24    | ✓     |          |      |
| 25    | ✓     | ✓        | ✓✓✓✓ |
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| 27    | ✓     | ✓        | ✓✓✓✓ |
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| 40    | ✓     | ✓        | ✓✓✓✓ |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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